

**Fill in this information to identify the case:**Debtor name Gillespie Office and Systems Furniture, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 16-11943-abl☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 25, 2016**X /s/ Kathleen L. Gillespie**

Signature of individual signing on behalf of debtor

**Kathleen L. Gillespie**

Printed name

**President**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name Gillespie Office and Systems Furniture, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 16-11943-abl☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>934,890.34</u>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>934,890.34</u>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>436,107.35</u>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>49,872.46</u>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>347,239.85</u>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>833,219.66</u>

**Fill in this information to identify the case:**Debtor name Gillespie Office and Systems Furniture, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 16-11943-abl☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of NevadaChecking Account1650\$136,107.353.2. Bank of AmericaMerchant7552\$11,432.573.3. Bank of NevadaMerchant1000\$2,563.43**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$150,103.35****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment



Debtor Gillespie Office and Systems Furniture, Inc.  
NameCase number (If known) 16-11943-abl☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☐ No. Go to Part 7.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. <b>Crops-either planted or harvested</b> <b>Assorted inventory (Paper, Ink, Toner, Parts, Plates, Boxes, Chemicals)</b>	<b>\$0.00</b>	<b>Appraisal</b>	<b>\$8,500.00</b>

29. **Farm animals** *Examples: Livestock, poultry, farm-raised fish*30. **Farm machinery and equipment** *(Other than titled motor vehicles)*31. **Farm and fishing supplies, chemicals, and feed**32. **Other farming and fishing-related property not already listed in Part 6**33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

**\$8,500.00**34. **Is the debtor a member of an agricultural cooperative?**☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_36. **Is a depreciation schedule available for any of the property listed in Part 6?**☒ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☒ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			

Debtor Gillespie Office and Systems Furniture, Inc.  
NameCase number (If known) 16-11943-abl40. **Office fixtures**41. **Office equipment, including all computer equipment and communication systems equipment and software**  
**47-Desks; 32-file cabinets; 2-LCD TVs; 2 Refrigerators; 3-Microwaves; Misc. tables, chairs and storage cabinets and shelves**\$0.00 Appraisal \$3,435.00**32-HP Computers; NEC Phone System; Fax Machine, Ikon Copier**\$0.00 Appraisal \$4,785.0042. **Collectibles** *Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles*43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$8,220.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☐ No☒ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest**47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**47.1. 2004 Ford Econoline Van (lease) \$0.00  \$0.0047.2. 2000 Chevy T-Series Box Truck (lease) \$0.00  \$0.0047.3. 2001 Ford Econoline E-350 Van (lease) \$0.00  \$0.0047.4. 2008 Chevy Express Van (lease) \$0.00  \$0.0048. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Debtor Gillespie Office and Systems Furniture, Inc.  
NameCase number (If known) 16-11943-abl**Machinery used for the trade including printing presses; color presses; machines used as cutters, feeders, gluers, folders and perforators; and 6-graphic computers.**\$0.00Appraisal\$326,355.0051. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$326,355.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**☐ No☒ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☐ No☒ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

55.1. **Premises located at  
2908 S. Highland  
Drive, Ste. B, Las  
Vegas, NV 89109****Nature and extent of debtor's interest in property**Lessee**Net book value of debtor's interest (Where available)**\$0.00**Valuation method used for current value**N/A**Current value of debtor's interest**\$0.0056. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

Debtor Gillespie Office and Systems Furniture, Inc.  
NameCase number (If known) 16-11943-abl

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites See Exhibit 1.	\$0.00		\$0.00
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations Customer list	\$0.00		Unknown
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?  
 Include all interests in executory contracts and unexpired leases not previously reported on this form.
- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

	Current value of debtor's interest
71. Notes receivable Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	
74. Causes of action against third parties (whether or not a lawsuit has been filed)	
75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	



Debtor Gillespie Office and Systems Furniture, Inc.  
NameCase number (If known) 16-11943-abl**Las Vegas Justice Court judgment against Fred  
Adams/Design to Print****\$7,579.00**

Nature of claim	Judgment
Amount requested	<b>\$0.00</b>

76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** *Examples:* Season tickets,  
country club membership78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$7,579.00**79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor Gillespie Office and Systems Furniture, Inc.  
NameCase number (If known) 16-11943-abl**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$150,103.35</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$7,308.99</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$343,953.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$82,871.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$8,500.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$8,220.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$326,355.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$7,579.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$934,890.34</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$934,890.34</u>

**Fill in this information to identify the case:**Debtor name **Gillespie Office and Systems Furniture, Inc.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **16-11943-abl**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>Bank of Nevada</b> Creditor's Name <b>Attn: Bankruptcy Dept/Managing Agent 777 North Rainbow Blvd. Las Vegas, NV 89107</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>8/24/2011</b> Last 4 digits of account number <b>2454</b> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Trade machinery</b>  Describe the lien <b>UCC</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$136,107.35</b>	<b>\$326,355.00</b>

<b>2.2</b>	<b>Bank of Nevada</b> Creditor's Name <b>Attn: Bankruptcy Dept/Managing Agent 777 North Rainbow Blvd. Las Vegas, NV 89107</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>8/31/2015</b> Last 4 digits of account number <b>2454</b>	Describe debtor's property that is subject to a lien <b>Accounts payable, work in progress; assorted inventory, office furniture and equipment.</b>  Describe the lien <b>UCC blanket lien</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$300,000.00</b>	<b>\$443,544.00</b>
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Debtor **Gillespie Office and Systems Furniture, Inc.**

Case number (if known)

**16-11943-abl**

Name

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 Green Dreams, Inc.**

Creditor's Name

**Attn: Managing Member  
18 Starbrook Dr.  
Henderson, NV 89052**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$0.00****\$0.00****2004 Ford Econoline Van (lease)**

Describe the lien

**Automobile Lease**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Green Dreams, Inc.**

Creditor's Name

**Attn: Managing Member  
18 Starbrook Dr.  
Henderson, NV 89052**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$0.00****\$0.00****2000 Chevy T-Series Box Truck (lease)**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Green Dreams, Inc.**

Creditor's Name

**Attn: Managing Member  
18 Starbrook Dr.  
Henderson, NV 89052**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$0.00****\$0.00****2001 Ford Econoline E-350 Van (lease)**

Describe the lien

**Automobile Lease**

Debtor **Gillespie Office and Systems Furniture, Inc.**

Case number (if know)

**16-11943-abl**

Name

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 Green Dreams, Inc.**

Creditor's Name

**Attn: Managing Member  
18 Starbrook Dr.  
Henderson, NV 89052**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$0.00****\$0.00****2008 Chevy Express Van (lease)**

Describe the lien

**Automobile Lease**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$436,107.35****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Fill in this information to identify the case:**Debtor name **Gillespie Office and Systems Furniture, Inc.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **16-11943-abl**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>CWA/ITU Pension</b> <b>Attn: Managing Member</b> <b>831 S. Nevada Ave. Suite 120</b> <b>Colorado Springs, CO 80903</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,856.00</b>	<b>\$3,856.00</b>
	Date or dates debt was incurred <b>3/2-2016</b>	Basis for the claim: <b>Pension</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>Attn: Bankruptcy Dept/Managing Agent</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$13,655.89</b>	<b>\$13,655.89</b>
	Date or dates debt was incurred <b>4/1/2016</b>	Basis for the claim: <b>Federal withholding tax/ unemployment/ medicare</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Gillespie Office and Systems Furniture, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11943-abl</b>
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2.3	Priority creditor's name and mailing address <b>Nevada Dept. of Taxation Bankruptcy Section 555 E. Washington Avenue #1300 Las Vegas, NV 89101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$26,347.45</b>	<b>\$26,347.45</b>
	Date or dates debt was incurred	Basis for the claim: <b>Sales Tax</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>Nevada Employment Security Dept. Attn: Bankruptcy Desk/Managing Agent 500 E. Third St. Carson City, NV 89713</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,120.96</b>	<b>\$3,120.96</b>
	Date or dates debt was incurred	Basis for the claim: <b>Taxes</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.5	Priority creditor's name and mailing address <b>Nevada Employment Security Dept. Attn: Bankruptcy Desk/Managing Agent 500 E. Third St. Carson City, NV 89713</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,892.16</b>	<b>\$2,892.16</b>
	Date or dates debt was incurred	Basis for the claim: <b>Unemployment taxes</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address <b>ABM Building Services LLC Attn: Managing Member PO Box 79036 City of Industry, CA 91716-9036</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,356.93</b>	
	Date(s) debt was incurred <u>3/2016</u>	Basis for the claim: <u>Services</u>		
	Last 4 digits of account number <u>          </u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Gillespie Office and Systems Furniture, Inc.		Case number (if known)	16-11943-abl
Name				
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>ACTEGA Kelstar, Inc.</b> <b>Attn: Managing Member</b> <b>26537 Network Place</b> <b>Chicago, IL 60673-1265</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$423.62</b>	
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Alchemy, LLC</b> <b>c/o John R. McMillan, Esq.</b> <b>Flangas Dalacas Law Group</b> <b>3275 S. Jones Blvd., #105</b> <b>Las Vegas, NV 89146</b> Date(s) debt was incurred <u>2014-2015</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Pending litigation in the Eighth Judicial District Court, Clark County Nevada; Case No. A-14-696265-C</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>	
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>American Bindery Service &amp; Supply, Inc.</b> <b>Attn: Managing Member</b> <b>150 W. Providencia Ave.</b> <b>Burbank, CA 91502</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$513.10</b>	
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Amex@work</b> <b>Attn: Managing Member</b> <b>Box 0001</b> <b>Los Angeles, CA 90096-0001</b> Date(s) debt was incurred <u>Thru 3/31/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,388.13</b>	
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>ARC-Mercury Reprographics</b> <b>Attn: Managing Member</b> <b>345 Clinton Street</b> <b>Costa Mesa, CA 92626</b> Date(s) debt was incurred <u>2/2016- 3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$167.31</b>	
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Bending the Rules</b> <b>Attn: Managing Member</b> <b>9321 Red Rose Avenue</b> <b>Las Vegas, NV 89129</b> Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.00</b>	
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>BIC Graphic USA INC</b> <b>Attn: Managing Member</b> <b>P.O. Box 406079</b> <b>Atlanta, GA 30384-6079</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$835.39</b>	



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Name				
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Business Cards Tomorrow/Craig Wasserman</b> <b>Attn: Managing Member</b> <b>3261 S Highland Dr.</b> <b>Suite 612</b> <b>Las Vegas, NV 89109</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$643.00</b>	
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Canon Solutions America Inc</b> <b>Attn: Managing Member</b> <b>12379 Collections Center Drive</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,467.03</b>	
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Case Paper Inc</b> <b>Attn: Managing Member</b> <b>11728 Goldring Rd.</b> <b>Arcadia, CA 91006</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,004.12</b>	
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Century Link</b> <b>Attn: Bankruptcy Dept/Managing Agent</b> <b>PO Box 2961</b> <b>Phoenix, AZ 85062</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11.00</b>	
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Choice Printing, Inc.</b> <b>Attn: Managing Member</b> <b>3654 W Osborn Suite 3</b> <b>Phoenix, AZ 85019</b> Date(s) debt was incurred <u>2/2016 3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,728.78</b>	
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Citibank Advantage</b> <b>Attn: Bankruptcy Dept/Managing Agent</b> <b>P.O. Box 6404</b> <b>The Lakes, NV 88901-6404</b> Date(s) debt was incurred <u>10/30/2015</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,894.00</b>	
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Clark County Democratic Party</b> <b>Attn: Managing Member</b> <b>6233 Dean Martin Dr.</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>	

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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Clark County Dept of Business License</b> <b>Attn: Managing Member</b> <b>500 South Grand Central Pky 3rd Floor</b> <b>Las Vegas, NV 89155</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,662.00</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Concentra Inc</b> <b>Attn: Managing Member</b> <b>P. O. Box 9010</b> <b>Broomfield, CO 80021</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$153.00</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Cox Communications, Inc.</b> <b>Attn: Managing Member</b> <b>PO BOX 53262</b> <b>Phoenix, AZ 85072</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,134.04</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Creative Digital Printing</b> <b>Attn: Managing Member</b> <b>6415 Karms Park Court</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,894.40</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Creative Eye Embroidery Inc</b> <b>Attn: Managing Member</b> <b>4505 W Hacienda Ave #D2</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Culligan</b> <b>Attn: Managing Member</b> <b>4513 N Lamb Blvd</b> <b>Las Vegas, NV 89115</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$129.00</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>E &amp; E Fire Protection</b> <b>Attn: Managing Member</b> <b>5678 La Costa Canyon Ct #100</b> <b>Las Vegas, NV 89139</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$92.70</b>

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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Ennis Business Forms</b> <b>Attn: Managing Member</b> <b>P.O Box 841741</b> <b>Dallas, TX 75284-1741</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$631.43</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Fujifilm North America Corp</b> <b>Attn: Managing Member</b> <b>Graphic Systems Division</b> <b>Dept LA 22221</b> <b>Pasadena, CA 91103</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$318.54</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>G &amp; K Towel Service Inc</b> <b>Attn: Managing Member</b> <b>PO Box 842385</b> <b>Boston, MA 02284-2385</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,061.21</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>GE Capital ITS</b> <b>Attn: Managing Member</b> <b>P.O. Box 13708</b> <b>Macon, GA 31208</b> Date(s) debt was incurred <u>4/2016</u> Last 4 digits of account number <u>3321</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lease for copier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,412.03</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>GPA Inc.</b> <b>Attn: Managing Member</b> <b>3906 Solution Center Chicago</b> <b>Chicago, IL 60677-3009</b> Date(s) debt was incurred <u>1/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,653.43</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Grainger</b> <b>Attn: Managing Member</b> <b>Dept - 828585828</b> <b>P.O. Box 419267</b> <b>Kansas City, MO 64141-6267</b> Date(s) debt was incurred <u>1/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$788.41</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Great Western Foils Inc</b> <b>Attn: Managing Member</b> <b>2279 Agate Court</b> <b>Simi Valley, CA 93065</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57.56</b>

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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Grimco Inc.</b> <b>Attn: Managing Member</b> <b>1585 Fencorp Dr.</b> <b>Fenton, MO 63026</b> Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,350.25</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Guardian Water &amp; Power</b> <b>Attn: Managing Member</b> <b>1160 Goodale Blvd</b> <b>Columbus, OH 43212</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5.00</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>H &amp; J Trophies</b> <b>Attn: Managing Member</b> <b>3111 S. Valley View Blvd B-114</b> <b>Las Vegas, NV 89102</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$343.65</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Hasler Total Funds By</b> <b>Attn: Managing Member</b> <b>PO Box 30193</b> <b>Tampa, FL 33630-3193</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>HOP Industries</b> <b>Attn: Managing Member</b> <b>1251 Valley Brook Ave.</b> <b>Lyndhurst, NJ 07071</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,559.00</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Ink4mail Inc</b> <b>Attn: Managing Member</b> <b>415 W Orchard Ave.</b> <b>Ballwin, MO 63011</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$815.76</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>John Zona</b> <b>Attn: Managing Member</b> <b>1608 Cardinal Dr #208</b> <b>Las Vegas, NV 89128</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>

Debtor **Gillespie Office and Systems Furniture, Inc.**  
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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>KBA North America</b> <b>Attn: Managing Member</b> <b>PO Box 619006</b> <b>Dallas, TX 75261-9006</b> Date(s) debt was incurred <u>12/2015-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$32,655.66</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Kelly Paper Co</b> <b>Attn: Managing Member</b> <b>3655 West Sunset Rd #C</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,532.78</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>L.A.Grinding Inc</b> <b>Attn: Managing Member</b> <b>P.O. Box 7855</b> <b>Burbank, CA 91510</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,250.14</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>LAIRD PLASTICS Inc</b> <b>Attn: Managing Member</b> <b>1151 Grier Drive Suite L</b> <b>Las Vegas, NV 89119</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$240.00</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Las Vegas Rubber Stamp, LLC</b> <b>Attn: Managing Member</b> <b>7235 Bermuda Rd., Suite C</b> <b>Las Vegas, NV 89119</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$340.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Las Vegas Valley Water District</b> <b>Attn: Managing Member</b> <b>PO Box 2921</b> <b>Phoenix, AZ 85062-2921</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$106.61</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Lubcon</b> <b>Attn: Managing Member</b> <b>5460 33rd St SE</b> <b>Grand Rapids, MI 49512</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$161.28</b>

Debtor <b>Gillespie Office and Systems Furniture, Inc.</b>		Case number (if known) <b>16-11943-abl</b>
Name _____		

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3.44	Nonpriority creditor's name and mailing address <b>Mail Finance a Neopost USA Company</b> <b>Attn: Managing Member</b> <b>478 Wheelers Farm Rd.</b> <b>Milford, CT 06461</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$400.96</b>
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3.45	Nonpriority creditor's name and mailing address <b>Mesa Pest Control Chas D Bates</b> <b>Attn: Managing Member</b> <b>PO Box 230141</b> <b>Las Vegas, NV 89105</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.46	Nonpriority creditor's name and mailing address <b>NevadaPURE</b> <b>c/o Terry A. Coffing, Esq.</b> <b>Marquis Aurbach Coffing</b> <b>10001 Park Run Drive</b> <b>Las Vegas, NV 89145</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Disputed legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54,948.40</b>
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3.47	Nonpriority creditor's name and mailing address <b>NV Energy</b> <b>Attn: Managing Member</b> <b>P O Box 30086</b> <b>Reno, NV 89520</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,110.11</b>
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3.48	Nonpriority creditor's name and mailing address <b>Ohio Security Insurance Company</b> <b>c/o Danile B. Heidtke, Esq.</b> <b>Duane Morris, LLP</b> <b>100 N. City Parkway, Ste. 1560</b> <b>Las Vegas, NV 89106</b> Date(s) debt was incurred <u>3/23/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending litigation in the U.S. District Court for the District of Nevada; case No. 2:16-cv-00632-JCM-NJK</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.49	Nonpriority creditor's name and mailing address <b>Organized Karma, LLC</b> <b>c/o John R. McMillan, Esq.</b> <b>Flangas Dalacas Law Group</b> <b>3275 S. Jones Blvd., #105</b> <b>Las Vegas, NV 89146</b> Date(s) debt was incurred <u>2014-2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending litigation in the Eighth Judicial District Court, Clark County Nevada; Case No. A-14-696265-C</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
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3.50	Nonpriority creditor's name and mailing address <b>Prestige Box Corporation</b> <b>Attn: Managing Member</b> <b>P O Box 428</b> <b>Great Neck, NY 11022-0428</b> Date(s) debt was incurred <u>1/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$134.86</b>
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Debtor **Gillespie Office and Systems Furniture, Inc.**  
NameCase number (if known) **16-11943-abl**

3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Priority Business Checks Las Vegas</b> <b>Attn: Managing Agent</b> <b>PO Box 96953</b> <b>Las Vegas, NV 89193</b> Date(s) debt was incurred <u>12/2015</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$373.40</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Rapid Refill</b> <b>Attn: Managing Member</b> <b>7375 South Durango Dr.</b> <b>Las Vegas, NV 89113</b> Date(s) debt was incurred <u>12/2015</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,296.36</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Republic Services of Southern Nevada</b> <b>Attn: Managing Member</b> <b>PO Box 78829</b> <b>Phoenix, AZ 85062-8829</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,167.51</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Responsive Online Marketing</b> <b>Attn: Managing Member</b> <b>23781 US Hwy 27 #157</b> <b>Lake Wales, FL 33859</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$3,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Robert Bruce Tracy, Pro Se</b> <b>7211 Liberty Pride Street</b> <b>Las Vegas, NV 89148</b> Date(s) debt was incurred <u>4/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Pending litigation in the US District Court for the District of Columbia</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Ronni Council</b> <b>c/o John R. McMillan, Esq.</b> <b>Flangas Dalacas Law Group</b> <b>3275 S. Jones Blvd., #105</b> <b>Las Vegas, NV 89146</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Pending litigation in the Eighth Judicial District Court, Clark County Nevada; Case No. A-14-696265-C</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Seaboard Envelope Co Inc.</b> <b>Attn: Managing Member</b> <b>15601 Cypress Street</b> <b>Irwindale, CA 91706</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,432.50</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Gillespie Office and Systems Furniture, Inc.</b> Name	Case number (if known)	<b>16-11943-abl</b>
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3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Spicers Paper</b> <b>Attn: Managing Member</b> <b>File 749316</b> <b>Los Angeles, CA 90074-9316</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,307.22</b>
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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>St Croix Imports/Shinohara Parts</b> <b>Attn: Managing Member</b> <b>119 N Carpenter Street</b> <b>Sumner, IA 50674</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$870.72</b>
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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Stickerman</b> <b>Attn: Managing Member</b> <b>PO Box 580930</b> <b>N Palm Springs, CA 92258</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$278.50</b>
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3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Superior Letter Press Inc.</b> <b>Attn: Managing Member</b> <b>2702 S. Highland Dr.</b> <b>Las Vegas, NV 89109</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,558.00</b>
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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Team Print Media, LLC</b> <b>Attn: Managing Member</b> <b>2630 E 28th Street</b> <b>Long Beach, CA 90755-2202</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,739.82</b>
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3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Technotrans</b> <b>Attn: Managing Member</b> <b>PO Box 5815</b> <b>Carol Stream, IL 600197</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,279.88</b>
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3.64	<b>Nonpriority creditor's name and mailing address</b> <b>The Hartford</b> <b>Attn: Managing Member</b> <b>P.O. Box 60916</b> <b>Dallas, TX 75266-0916</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,151.94</b>
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Debtor **Gillespie Office and Systems Furniture, Inc.**  
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3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Toyo Ink America, Inc.</b> <b>Attn: Managing Member</b> <b>DEPT CH 19794</b> <b>Palatine, IL 60055-9794</b> Date(s) debt was incurred <u>3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,256.11</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Transamerica Employee Benefits</b> <b>Attn: Managing Member</b> <b>PO Box 742504</b> <b>Cincinnati, OH 45274</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$645.84</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Unisource Worldwide Inc</b> <b>Attn: Managing Member</b> <b>File 57006</b> <b>Los Angeles, CA 89109-1091</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$560.67</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>UPS</b> <b>Attn: Managing Member</b> <b>PO BOX 894820</b> <b>Los Angeles, CA 90189-4820</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,496.59</b>
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>UPS Freight</b> <b>Attn: Managing Member</b> <b>P O Box 650690</b> <b>Dallas, TX 75373-0690</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,504.18</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>William Murphy</b> <b>Attn: Managing Member</b> <b>101 Branwell Drive</b> <b>Latrobe, PA 15650</b> Date(s) debt was incurred <u>2/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Xpedx</b> <b>Attn: Managing Member</b> <b>P O Box 31001-1382</b> <b>Pasadena, CA 91110-1382</b> Date(s) debt was incurred <u>2/2016-3/2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$101,441.46</b>

Debtor **Gillespie Office and Systems Furniture, Inc.**  
NameCase number (if known) **16-11943-abl**

3.72 Nonpriority creditor's name and mailing address

**YRC Freight**  
**Attn: Managing Member**  
**PO Box 100129**  
**Pasadena, CA 91189-0003**Date(s) debt was incurred **3/2016**

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$2,487.53**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: **Services**Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?Last 4 digits of  
account number, if  
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

## Total of claim amounts

5a. \$ **49,872.46**5b. + \$ **347,239.85**5c. \$ **397,112.31**

**Fill in this information to identify the case:**Debtor name **Gillespie Office and Systems Furniture, Inc.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **16-11943-abl**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Non-Complete Agreement dated 7/25/2012**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Chris Miller  
1700 Alta Dr.  
Las Vegas, NV 89106**2.2. State what the contract or lease is for and the nature of the debtor's interest **Non-Compete Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Debbie Morris  
919 Date St.  
Las Vegas, NV 89108**2.3. State what the contract or lease is for and the nature of the debtor's interest **Agreement dated 5/21/2014; Debtor as Purchaser.**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Elissa Cadish  
c/o Midnight Printing, Inc.  
2741 Lossee Road  
North Las Vegas, NV 89030**2.4. State what the contract or lease is for and the nature of the debtor's interest **Non-Compete Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**George Alvarez  
308 Smokin Loon Ave.  
North Las Vegas, NV 89031**

Debtor 1 **Gillespie Office and Systems Furniture, Inc.**  
 First Name Middle Name Last Name

Case number (if known) **16-11943-abl**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Automobile lease agreements for vehicles on Schedule B, for \$2500.00 per month.**

State the term remaining

List the contract number of any government contract

**Green Dreams, Inc.  
 Attn: Managing Member  
 18 Starbrook Dr.  
 Henderson, NV 89052**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement dated 11/17/10 for misc. office equipment.**

State the term remaining

List the contract number of any government contract

**IKON Financial Services  
 Attn: Bankruptcy Dept/Managing Agent  
 1738 Bass Road  
 Macon, GA 31210**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Non-Compete Agreement dated 5/18/2015**

State the term remaining

List the contract number of any government contract

**John Lyles  
 10785 Muscari Way  
 Las Vegas, NV 89141**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Non-Compete Agreement dated 11/8/2011**

State the term remaining

List the contract number of any government contract

**John Zona  
 1608 Cardinal Bluff Dr. #204  
 Las Vegas, NV 89128**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Asset Purchase and Sale Agreement dated 3/31/2015; Debtor as Purchaser.**

State the term remaining

List the contract number of any government contract

**Juliana Smith  
 c/o Time Printing  
 1224 Western Ave.  
 Las Vegas, NV 89102**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Non-Compete Agreement dated 5/12/2015**

State the term remaining

**Kevin French  
 5341 Hanging Tree Ln.  
 Las Vegas, NV 89118**

Debtor 1 **Gillespie Office and Systems Furniture, Inc.**  
 First Name Middle Name Last Name

Case number (if known) **16-11943-abl**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract \_\_\_\_\_

- 2.11. State what the contract or lease is for and the nature of the debtor's interest **Non-Compete Agreement dated 9/10/2013**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Liza Reyes  
9758 Maspalomas St.  
Las Vegas, NV 89178**

- 2.12. State what the contract or lease is for and the nature of the debtor's interest **Commercial Property Lease Agreement dated 3/7/2016, for 4/1/2016 through 10/31/2016, for premises located at 2900 South Highland Drive, Unit 20D, Las Vegas, Nevada.**

State the term remaining **7 months**

List the contract number of any government contract \_\_\_\_\_

**Planet Properties LLC  
c/o Davowoco, Inc., Manager  
4535 W. Sahara Ave., Ste. 200  
Las Vegas, NV 89102**

- 2.13. State what the contract or lease is for and the nature of the debtor's interest **Commercial Lease Agreement for premises located at Highland Industrial Park, II, 2908 South Highland Drive, Building 18, Suites A, B, C and D, Las Vegas, NV**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**Positive Space, Inc.  
Attn: Barbara Allen  
18 Starbrook Dr.  
Henderson, NV 89052**

- 2.14. State what the contract or lease is for and the nature of the debtor's interest **Union Contract with CWA/Printing, Publishing and Media Workers Sector 14922, Las Vegas Typographical 933 12/31/2017**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**PPMWS-CWA Local 14922  
Attn: Managing Member  
3395 S. Jones Blvd. PMT #209  
Las Vegas, NV 89142**

Debtor 1 **Gillespie Office and Systems Furniture, Inc.**  
 First Name Middle Name Last Name

Case number (if known) **16-11943-abl**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.15. State what the contract or lease is for and the nature of the debtor's interest **Lease Agreement dated 1/24/2014, for copier and cart.**

State the term remaining

List the contract number of any government contract

**Ricoh USA, Inc.  
 Attn: Bankruptcy Dept/Managing Agent  
 70 Valley Stream Parkway  
 Malvern, PA 19355**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest **Maintenance Agreement dated 1/24/2014.**

State the term remaining

List the contract number of any government contract

**Ricoh USA, Inc.  
 Attn: Bankruptcy Dept/Managing Agent  
 70 Valley Stream Parkway  
 Malvern, PA 19355**

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Non-Compete Agreement dated 5/13/2015**

State the term remaining

List the contract number of any government contract

**Robbie Wolf  
 2251 S. Fort Apache Rd., #1155  
 Las Vegas, NV 89117**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **Non-Compete Agreement dated 8/2/2013**

State the term remaining

List the contract number of any government contract

**Robert Bloecker  
 2301 Redwood St. #2204  
 Las Vegas, NV 89117**

- 2.19. State what the contract or lease is for and the nature of the debtor's interest **Non-Compete Agreement**

State the term remaining

List the contract number of any government contract

**Tina Ray  
 3609 Oriole Way  
 Las Vegas, NV 89103**

**Fill in this information to identify the case:**Debtor name **Gillespie Office and Systems Furniture, Inc.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **16-11943-abl**☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.***Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Barbara Allen** **18 Starbrook Dr.  
Henderson, NV 89052****Bank of Nevada**☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_2.2 **Barbara Louise  
Allen Revocable  
Trust** **18 Starbrook Dr.  
Henderson, NV 89052****Bank of Nevada**☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_2.3 **Kathleen  
Gillespie** **18 Starbrook Dr.  
Henderson, NV 89052****Bank of Nevada**☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_2.4 **Kathleen  
Gillespie** **18 Starbrook Dr.  
Henderson, NV 89052****Ohio Security  
Insurance Company**☐ D \_\_\_\_\_  
☒ E/F **3.48**  
☐ G \_\_\_\_\_2.5 **Kathleen Lynn  
Gillespie  
Revocable Trust** **18 Starbrook Dr.  
Henderson, NV 89052****Bank of Nevada**☒ D **2.1**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

**Fill in this information to identify the case:**Debtor name Gillespie Office and Systems Furniture, Inc.United States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 16-11943-abl☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From 1/01/2016 to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

\$1,354,176.00

**For prior year:**  
From 1/01/2015 to 12/31/2015

☒ Operating a business  
☐ Other \_\_\_\_\_

\$5,292,414.00

**For year before that:**  
From 1/01/2014 to 12/31/2014

☒ Operating a business  
☐ Other \_\_\_\_\_

\$8,143,657.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*



Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Amex@work</b> <b>Attn: Managing Member</b> <b>Box 0001</b> <b>Los Angeles, CA 90096-0001</b>	<b>Payments made from Jan. 11 2016 through April 11, 2016</b>	<b>\$146,084.93</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.2. <b>Bank of Nevada</b> <b>Attn: Bankruptcy Dept/Managing Agent</b> <b>777 North Rainbow Blvd.</b> <b>Las Vegas, NV 89107</b>	<b>Payments made from Jan. 11 2016 through April 11, 2016</b>	<b>\$75,235.61</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.3. <b>Canon Solutions America Inc</b> <b>Attn: Managing Member</b> <b>12379 Collections Center Drive</b> <b>Chicago, IL 60693</b>	<b>Payments made from Jan. 11 2016 through April 11, 2016</b>	<b>\$10,681.93</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.4. <b>Capital One</b>	<b>Payments made from Jan. 11 2016 through April 11, 2016</b>	<b>\$6,697.38</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.5. <b>Case Paper Inc</b> <b>Attn: Managing Member</b> <b>11728 Goldring Rd.</b> <b>Arcadia, CA 91006</b>	<b>Payments made from Jan. 11 2016 through April 11, 2016</b>	<b>\$25,687.32</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.6. <b>Citibank Advantage</b> <b>Attn: Bankruptcy Dept/Managing Agent</b> <b>P.O. Box 6404</b> <b>The Lakes, NV 88901-6404</b>	<b>Payments made from Jan. 11 2016 through April 11, 2016</b>	<b>\$50,200.56</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.7. <b>ColorTone</b> <b>Attn: Managing Member</b> <b>2326 Peck Rd.</b> <b>Whittier, CA 90601</b>	<b>Payments made from Jan. 11 2016 through April 11, 2016</b>	<b>\$10,372.27</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.8. <b>CWA/ITU Pension</b> <b>Attn: Managing Member</b> <b>831 S. Nevada Ave. Suite 120</b> <b>Colorado Springs, CO 80903</b>	<b>Payments made from Jan. 11 2016 through April 11, 2016</b>	<b>\$9,704.80</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Union pension payments</u></b>

Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. Dot Works, Inc. Attn: Managing Member 30 Harbor Park Drive Port Port Washington, NY 11050	Payments made from Jan. 11 2016 through April 11, 2016	\$14,134.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.10 Fujifilm North America Corp Attn: Managing Member Graphic Systems Division Dept LA 22221 Pasadena, CA 91103	Payments made from Jan. 11 2016 through April 11, 2016	\$11,477.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.11 Green Dreams, Inc. Attn: Managing Member 18 Starbrook Dr. Henderson, NV 89052	Payment in February, 2016	\$9,900.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.12 Health Plan of Nevada, Inc. Attn: Managing Member P.O. Box 749546 Los Angeles, CA 90074-9546	Payments made from Jan. 11 2016 through April 11, 2016	\$55,246.65	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Medical insurance-employees</u>
3.13 Kelly Paper Co. Attn: Managing Member 3655 West Sunset Rd #C Las Vegas, NV 89118	Payments made from Jan. 11 2016 through April 11, 2016	\$11,634.32	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.14 Laird Plastics, Inc. Attn: Managing Member 1151 Grier Drive Suite L Las Vegas, NV 89119	Payments made from Jan. 11 2016 through April 11, 2016	\$11,300.29	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.15 Larson & Zirzow 850 E. Bonneville Ave. Las Vegas, NV 89101	3/31/2016	\$35,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Retainer for bankruptcy</u>

Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.16 Levy Law LLC Attn: Managing Member 6655 W. Sahara Ave., #E-102 Las Vegas, NV 89146	Payments made from Jan. 11 2016 through April 11, 2016	\$25,088.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.17 Nevada Dept. of Taxation Bankruptcy Section 555 E. Washington Avenue #1300 Las Vegas, NV 89101	Payments made from Jan. 11 2016 through April 11, 2016	\$73,173.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Sales Tax</u>
3.18 Nevada Graphic Systems Attn: Managing Member 6601 Wild Horse Road Las Vegas, NV 89108	Payments made from Jan. 11 2016 through April 11, 2016	\$23,691.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.19 NV Energy Attn: Managing Member P O Box 30086 Reno, NV 89520	Payments made from Jan. 11 2016 through April 11, 2016	\$12,921.21	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.20 PayPal Attn: Managing Member 2211 North First St. San Jose, CA 95131	Payments made from Jan. 11 2016 through April 11, 2016	\$10,400.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other ____
3.21 Positive Space, Inc. Attn: Barbara Allen 18 Starbrook Dr. Henderson, NV 89052	Payments made from Jan. 11 2016 through April 11, 2016	\$89,216.43	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent. This amount includes arrearage payments from 2015, which were included in Feb-April payments.</u>
3.22 Publication Printers Attn: Managing Members 2001 S Platte River Dr. Denver, CO 80223	Payments made from Jan. 11 2016 through April 11, 2016	\$12,002.47	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.23 Ricoh USA, Inc. Attn: Bankruptcy Dept/Managing Agent 70 Valley Stream Parkway Malvern, PA 19355	Payments made from Jan. 11 2016 through April 11, 2016	\$39,850.55	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.24 Seaboard Envelope Co Inc. Attn: Managing Member 15601 Cypress Street Irwindale, CA 91706	Payments made from Jan. 11 2016 through April 11, 2016	\$14,651.23	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.25 Superior Letter Press Inc. Attn: Managing Member 2702 S. Highland Dr. Las Vegas, NV 89109	Payments made from Jan. 11 2016 through April 11, 2016	\$13,976.94	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.26 The Hartford Attn: Managing Member P.O. Box 60916 Dallas, TX 75266-0916	Payments made from Jan. 11 2016 through April 11, 2016	\$12,455.82	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>P&amp;C insurance</u>
3.27 Toyo Ink America, Inc. Attn: Managing Member DEPT CH 19794 Palatine, IL 60055-9794	Payments made from Jan. 11 2016 through April 11, 2016	\$7,172.07	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.28 U.S. Postmaster 1001 E. Sunset Rd. Las Vegas, NV 89199	Payments made from Jan. 11 2016 through April 11, 2016	\$394,155.18	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.29 William Murphy Attn: Managing Member 101 Branwell Drive Latrobe, PA 15650	Payments made from Jan. 11 2016 through April 11, 2016	\$14,682.22	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.30 Xxpedx Attn: Managing Member P O Box 31001-1382 Pasadena, CA 91110-1382	Payments made from Jan. 11 2016 through April 11, 2016	\$44,383.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.31 YRC Freight Attn: Managing Member PO Box 100129 Pasadena, CA 91189-0003	Payments made from Jan. 11 2016 through April 11, 2016	\$7,046.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.32 QuickBooks Payroll Service c/o Intuit P.O. Box 580926 Honey Creek, WI 53138	Payments made from Jan. 11 2016 through April 11, 2016	\$268,382.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.33 Internal Revenue Service Attn: Bankruptcy Dept/Managing Agent P.O. Box 7346 Philadelphia, PA 19101	Payments made from Jan. 11 2016 through April 11, 2016	\$123,766.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Payroll taxes</u>
3.34 Vanguard Attn: Managing Member	Payments made from Jan. 11 2016 through April 11, 2016	\$43,832.93	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>401k-employee and employer</u>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments**

Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>Ronni Council v. Gillespie Office and Systems Furniture, LLC</b> A14-696265-C	<b>Defamation</b>	<b>Eighth Judicial District Court</b> 200 Lewis Ave. Las Vegas, NV 89155	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>Ohio Security Insurance Company v. Kathy Gillespie et al</b> 2:16-cv-00632-JCM-NJK	<b>No Duty to Defend</b>	<b>U.S. District Court</b> George Lloyd Federal Building 333 Las Vegas Blvd. So. Las Vegas, NV 89101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>Robert Bruce Tracy v. USA et al</b> 1:160-cv-00651	<b>Privacy Disclosures-Unauthorized Disclosure</b>	<b>United States District Court for the District of Columbia</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	<b>A&amp;B Printing and Mailing v. Design to Print et al.</b> 14A003795	<b>Collection</b>	<b>Eighth Judicial District Court</b> 200 Lewis Ave. Las Vegas, NV 89155	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>LARSON &amp; ZIRZOW, LLC</b> <b>850 E. Bonneville Ave.</b> <b>Las Vegas, NV 89101</b>	<b>Attorney Fees</b>	<b>3/31/2016</b>	<b>\$35,000.00</b>

Email or website address  
**zlarson@lzlawnv.com**

Who made the payment, if not debtor?

## 12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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## 13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	<b>David Ford</b> <b>Crown Litho Supply, Inc.</b> <b>340 E. Shelbourne Ave.</b> <b>Las Vegas, NV 89123</b>	<b>Sold Heidelberg DI Press</b>	<b>4/5/2016</b>	<b>\$5,000.00</b>
	Relationship to debtor <b>None</b>			

## Part 7: Previous Locations

### 14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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## Part 8: Health Care Bankruptcies

### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl**

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.  
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.  
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**Safe Harbor 401K**

Employer identification number of the plan

EIN:

Has the plan been terminated?

- ☒ No  
☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address

Names of anyone with access to it  
Address

Description of the contents

Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☒ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?



Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl****Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
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Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl****Name and address****Date of service  
From-To**

26a.1. **Serl Keefer Welter CPAS, LLP**  
**6960 Smoke Ranch Road, #190**  
**Las Vegas, NV 89128**

**Preparation of 1120s**  
**for 2013, 2014 and**  
**2015**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

**Name and address****If any books of account and records are  
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory**

27.1 **Kathleen L. Gillespie**

**3/31/2016**

**\$77,946.62**

**Name and address of the person who has possession of  
inventory records**

**Debtor**  
**2908 S. Highland**  
**Las Vegas, NV 89109**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Barbara Allen	18 Starbrook Dr. Henderson, NV 89052	Vice President	50% interest
Name	Address	Position and nature of any interest	% of interest, if any
Kathleen Gillespie	18 Starbrook Dr. Henderson, NV 89052	President	50% interest

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

Debtor **Gillespie Office and Systems Furniture, Inc.**Case number (if known) **16-11943-abl**

- ☒ No  
☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	<b>Barbara L. Allen</b> <b>18 Starbrook Dr.</b> <b>Henderson, NV 89052</b>	<b>\$183,500.00</b>	<b>April 11, 2015</b> <b>through April</b> <b>11, 2016</b>	<b>W-2 wages</b>
	<b>Relationship to debtor</b> <b>Vice President, 50% Owner</b>			
30.2	<b>Kathleen Gillespie</b> <b>18 Starbrook Dr.</b> <b>Henderson, NV 89052</b>	<b>\$183,500.00</b>	<b>April 11, 2015</b> <b>through April</b> <b>11, 2016</b>	<b>W-2 wages</b>
	<b>Relationship to debtor</b> <b>President, 50% owner</b>			

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
<b>CWA/ITU Negotiated Pension Plan</b>	<b>EIN: 13-6212879</b>

Debtor Gillespie Office and Systems Furniture, Inc.Case number (if known) 16-11943-abl**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 25, 2016

/s/ Kathleen L. Gillespie

Signature of individual signing on behalf of the debtor

Kathleen L. Gillespie

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**District of Nevada**

In re Gillespie Office and Systems Furniture, Inc.

Debtor(s)

Case No. 16-11943-ablChapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>35,000.00</u>
Prior to the filing of this statement I have received .....	\$	<u>10,000.00</u>
Balance Due .....	\$	<u>25,000.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 25, 2016

*Date*

/s/ Zachariah Larson

**Zachariah Larson 7787**

*Signature of Attorney*

**LARSON & ZIRZOW, LLC**

**850 E. Bonneville Ave.**

**Las Vegas, NV 89101**

**(702) 382-1170 Fax: (702) 382-1169**

**zlarson@lzlawnv.com**

*Name of law firm*

**United States Bankruptcy Court  
District of Nevada**

In re Gillespie Office and Systems Furniture, Inc.

Debtor(s)

Case No. 16-11943-ablChapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Barbara Allen 18 Starbrook Dr. Henderson, NV 89052</b>		<b>50%</b>	<b>Ownership</b>
<b>Kathleen Gillespie 18 Starbrook Dr. Henderson, NV 89052</b>		<b>50%</b>	<b>Ownership</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date April 25, 2016

Signature /s/ Kathleen L. Gillespie  
Kathleen L. Gillespie

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Nevada**

In re **Gillespie Office and Systems Furniture, Inc.**

Debtor(s)

Case No. **16-11943-abl**Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Gillespie Office and Systems Furniture, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

**April 25, 2016**

Date

**/s/ Zachariah Larson****Zachariah Larson 7787**

Signature of Attorney or Litigant

Counsel for **Gillespie Office and Systems Furniture, Inc.****LARSON & ZIRZOW, LLC****850 E. Bonneville Ave.****Las Vegas, NV 89101****(702) 382-1170 Fax: (702) 382-1169****zlarson@lzlawnv.com**

Name, Address, Telephone No. &amp; I.D. No.

**Zachariah Larson 7787**  
**850 E. Bonneville Ave.**  
**Las Vegas, NV 89101**  
**(702) 382-1170**  
**7787**

**UNITED STATES BANKRUPTCY COURT**

District of Nevada

In Re

**Gillespie Office and Systems Furniture, Inc.**

Debtor(s)

BANKRUPTCY NO. **16-11943-abl**  
 CHAPTER NO. **11**

**DECLARATION RE: ELECTRONIC FILING OF PETITION  
 SCHEDULES, STATEMENTS AND PLAN (if applicable)**

**PART I - DECLARATION OF PETITIONER**

I [We] **Kathleen L. Gillespie** and \_\_\_\_\_, the undersigned debtor(s) hereby declare under penalty of perjury that the information I have given my attorney and the information provided in the electronically filed petition, statements, schedules, amendments and plan (if applicable) as indicated above is true and correct. I consent to my attorney filing my petition, this declaration, statements, schedules and plan (if applicable) as indicated above to the United States Bankruptcy Court. I understand that this DECLARATION RE: ELECTRONIC FILING is to be filed with the Clerk once all schedules have been filed electronically but, in no event, no later than 15 days following the date the petition was electronically filed. I understand that failure to file the signed original of this DECLARATION will cause my case to be dismissed pursuant to 11 U.S.C. § 707(a)(3) without further notice.

- ☐ If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7 or 13. I am aware that I may proceed under chapter 7, 11, 12, or 13 of 11 United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 or 13. I request relief in accordance with the chapter specified in this petition.
- ☒ [If petitioner is a corporation or partnership] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

Dated: **April 25, 2016**

Signed: **/s/ Kathleen L. Gillespie**  
**Kathleen L. Gillespie/President**  
 (Applicant)

**PART II - DECLARATION OF ATTORNEY**

I, the attorney for the petitioner named in the foregoing petition, declare that, I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Dated: **April 25, 2016**

Signed: **/s/ Zachariah Larson**  
**Zachariah Larson 7787**  
 Attorney for Debtor(s)



# EXHIBIT 1

# EXHIBIT 1

*Domain NAMES*

DomainName	TLD	ExpirationDate	Status	Privacy	Locked
2ABPRINT.COM	.com	5/6/2017	Active	Public	Locked
ABPRINT.BIZ	.biz	7/30/2017	Active	Public	Locked
ABPRINT.NET	.net	7/31/2016	Active	Public	Locked
ABPRINT.ORG	.org	7/31/2016	Active	Public	Locked
ABPRINT.US	.us	7/30/2016	Active	Public	Locked
ABPRINT.VEGAS	.vegas	9/15/2016	Active	Public	Locked
ABPRINTVEGAS.VEGAS	.vegas	9/15/2016	Active	Public	Locked
ATOMICPRINTMAIL.COM	.com	4/10/2017	Active	Public	Locked
CDIPRINTING.VEGAS	.vegas	9/15/2016	Active	Public	Locked
CHEAPPRINTER.BIZ	.biz	6/16/2016	Active	Public	Locked
CHEAPPRINTERWEB.COM	.com	6/17/2016	Active	Public	Locked
CHEAPPRINTINGWEB.COM	.com	6/17/2016	Active	Public	Locked
CHEAPPRINTRUNS.COM	.com	6/17/2016	Active	Public	Locked
CHEAPRINTER.COM	.com	6/17/2016	Active	Public	Locked
CHEAPRINTER.INFO	.info	6/17/2016	Active	Public	Locked
CHEAPRINTER.NET	.net	6/17/2016	Active	Public	Locked
CHEAPRINTER.ORG	.org	6/17/2016	Active	Public	Locked
GREENPRINTPRO.COM	.com	7/31/2016	Active	Public	Locked
LASVEGASCOLOR.VEGAS	.vegas	9/15/2016	Active	Public	Locked
LASVEGASMINICARDS.BIZ	.biz	2/2/2016	Active	Public	Locked
LASVEGASMINICARDS.COM	.com	2/3/2016	Active	Public	Locked
LASVEGASMINICARDS.MOBI	.mobi	2/3/2016	Active	Public	Locked
LASVEGASMINICARDS.NET	.net	2/3/2016	Active	Public	Locked
LASVEGASMINICARDS.ORG	.org	2/3/2016	Active	Public	Locked
LOWESTPRINT.COM	.com	6/17/2016	Active	Public	Locked
MINICARDSLASVEGAS.BIZ	.biz	2/2/2016	Active	Public	Locked
MINICARDSLASVEGAS.COM	.com	2/3/2016	Active	Public	Locked
MINICARDSLASVEGAS.INFO	.info	2/3/2016	Active	Public	Locked
MINICARDSLASVEGAS.MOBI	.mobi	2/3/2016	Active	Public	Locked
MINICARDSLASVEGAS.NET	.net	2/3/2016	Active	Public	Locked
MINICARDSLASVEGAS.ORG	.org	2/3/2016	Active	Public	Locked
MINICARDSLASVEGAS.US	.us	2/2/2016	Active	Public	Locked
PDQ.VEGAS	.vegas	9/15/2016	Active	Public	Locked
PDQPRINTING.VEGAS	.vegas	9/15/2016	Active	Public	Locked
PDQVEGAS.VEGAS	.vegas	9/15/2016	Active	Public	Locked
PRINTING4CHEAPSKATES.COM	.com	6/17/2016	Active	Public	Locked
PRINTING4MISERS.COM	.com	6/17/2016	Active	Public	Locked
PRINTINGFORCHEAPSKATES.COM	.com	6/17/2016	Active	Public	Locked
PRINTINGFORMISERS.COM	.com	6/17/2016	Active	Public	Locked
RAPIDCOLOR.VEGAS	.vegas	9/15/2016	Active	Public	Locked
ROYALPRINTING.VEGAS	.vegas	9/15/2016	Active	Public	Locked
SHORTPRINTRUNS.COM	.com	6/17/2016	Active	Public	Locked
TOABPRINT.COM	.com	5/6/2017	Active	Public	Locked
UNIONPRINT.VEGAS	.vegas	9/15/2016	Active	Public	Locked
UNIONPRINTER.VEGAS	.vegas	9/15/2016	Active	Public	Locked
UNIONPRINTING.VEGAS	.vegas	9/15/2016	Active	Public	Locked

DomainName	TLD	ExpirationDate	Status	Privacy	Locked
2ABPRINT.COM	.com	5/6/2017	Active	Public	Locked
ABPRINT.BIZ	.biz	7/30/2017	Active	Public	Locked
ABPRINT.NET	.net	7/31/2016	Active	Public	Locked
ABPRINT.ORG	.org	7/31/2016	Active	Public	Locked
ABPRINT.US	.us	7/30/2016	Active	Public	Locked
ABPRINT.VEGAS	.vegas	9/15/2016	Active	Public	Locked
ABPRINTVEGAS.VEGAS	.vegas	9/15/2016	Active	Public	Locked
ATOMICPRINTMAIL.COM	.com	4/10/2017	Active	Public	Locked
CDIPRINTING.VEGAS	.vegas	9/15/2016	Active	Public	Locked
CHEAPPRINTER.BIZ	.biz	6/16/2016	Active	Public	Locked
CHEAPPRINTERWEB.COM	.com	6/17/2016	Active	Public	Locked
CHEAPPRINTINGWEB.COM	.com	6/17/2016	Active	Public	Locked
CHEAPPRINTRUNS.COM	.com	6/17/2016	Active	Public	Locked
CHEAPRINTER.COM	.com	6/17/2016	Active	Public	Locked
CHEAPRINTER.INFO	.info	6/17/2016	Active	Public	Locked
CHEAPRINTER.NET	.net	6/17/2016	Active	Public	Locked
CHEAPRINTER.ORG	.org	6/17/2016	Active	Public	Locked
GREENPRINTPRO.COM	.com	7/31/2016	Active	Public	Locked
LASVEGASCOLOR.VEGAS	.vegas	9/15/2016	Active	Public	Locked
LASVEGASMINICARDS.BIZ	.biz	2/2/2016	Active	Public	Locked
LASVEGASMINICARDS.COM	.com	2/3/2016	Active	Public	Locked
LASVEGASMINICARDS.MOBI	.mobi	2/3/2016	Active	Public	Locked
LASVEGASMINICARDS.NET	.net	2/3/2016	Active	Public	Locked
LASVEGASMINICARDS.ORG	.org	2/3/2016	Active	Public	Locked
LOWESTPRINT.COM	.com	6/17/2016	Active	Public	Locked
MINICARDSLASVEGAS.BIZ	.biz	2/2/2016	Active	Public	Locked
MINICARDSLASVEGAS.COM	.com	2/3/2016	Active	Public	Locked
MINICARDSLASVEGAS.INFO	.info	2/3/2016	Active	Public	Locked
MINICARDSLASVEGAS.MOBI	.mobi	2/3/2016	Active	Public	Locked
MINICARDSLASVEGAS.NET	.net	2/3/2016	Active	Public	Locked
MINICARDSLASVEGAS.ORG	.org	2/3/2016	Active	Public	Locked
MINICARDSLASVEGAS.US	.us	2/2/2016	Active	Public	Locked
PDQ.VEGAS	.vegas	9/15/2016	Active	Public	Locked
PDQPRINTING.VEGAS	.vegas	9/15/2016	Active	Public	Locked
PDQVEGAS.VEGAS	.vegas	9/15/2016	Active	Public	Locked
PRINTING4CHEAPSKATES.COM	.com	6/17/2016	Active	Public	Locked
PRINTING4MISERS.COM	.com	6/17/2016	Active	Public	Locked
PRINTINGFORCHEAPSKATES.COM	.com	6/17/2016	Active	Public	Locked
PRINTINGFORMISERS.COM	.com	6/17/2016	Active	Public	Locked
RAPIDCOLOR.VEGAS	.vegas	9/15/2016	Active	Public	Locked
ROYALPRINTING.VEGAS	.vegas	9/15/2016	Active	Public	Locked
SHORTPRINTRUNS.COM	.com	6/17/2016	Active	Public	Locked
TOABPRINT.COM	.com	5/6/2017	Active	Public	Locked
UNIONPRINT.VEGAS	.vegas	9/15/2016	Active	Public	Locked
UNIONPRINTER.VEGAS	.vegas	9/15/2016	Active	Public	Locked
UNIONPRINTING.VEGAS	.vegas	9/15/2016	Active	Public	Locked

CREDITORS ADDED 4/25/2016

ABM Building Services LLC  
Attn: Managing Member  
PO Box 79036  
City of Industry, CA 91716-9036

ACTEGA Kelstar, Inc.  
Attn: Managing Member  
26537 Network Place  
Chicago, IL 60673-1265

Bending the Rules  
Attn: Managing Member  
9321 Red Rose Avenue  
Las Vegas, NV 89129

BIC Graphic USA INC  
Attn: Managing Member  
P.O. Box 406079  
Atlanta, GA 30384-6079

Canon Solutions America Inc  
Attn: Managing Member  
12379 Collections Center Drive  
Chicago, IL 60693

Case Paper Inc  
Attn: Managing Member  
11728 Goldring Rd.  
Arcadia, CA 91006

Citibank Advantage  
Attn: Bankruptcy Dept/Managing Agent  
P.O. Box 6404  
The Lakes, NV 88901-6404

Clark County Democratic Party  
Attn: Managing Member  
6233 Dean Martin Dr.  
Las Vegas, NV 89118

Clark County Dept of Business License  
Attn: Managing Member  
500 South Grand Central Pky 3rd Floor  
Las Vegas, NV 89155

CREDITORS ADDED 4/25/2016

Cox Communications, Inc.  
Attn: Managing Member  
PO BOX 53262  
Phoenix, AZ 85072

Fujifilm North America Corp  
Attn: Managing Member  
Graphic Systems Division  
Dept LA 22221  
Pasadena, CA 91103

GPA Inc.  
Attn: Managing Member  
3906 Solution Center Chicago  
Chicago, IL 60677-3009

Grimco Inc.  
Attn: Managing Member  
1585 Fencorp Dr.  
Fenton, MO 63026

HOP Industries  
Attn: Managing Member  
1251 Valley Brook Ave.  
Lyndhurst, NJ 07071

Ink4mail Inc  
Attn: Managing Member  
415 W Orchard Ave.  
Ballwin, MO 63011

LAIRD PLASTICS Inc  
Attn: Managing Member  
1151 Grier Drive Suite L  
Las Vegas, NV 89119

Las Vegas Valley Water District  
Attn: Managing Member  
PO Box 2921  
Phoenix, AZ 85062-2921

Mail Finance a Neopost USA Company  
Attn: Managing Member  
478 Wheelers Farm Rd.  
Milford, CT 06461

CREDITORS ADDED 4/25/2016

Priority Business Checks Las Vegas  
Attn: Managing Agent  
PO Box 96953  
Las Vegas, NV 89193

Responsive Online Marketing  
Attn: Managing Member  
23781 US Hwy 27 #157  
Lake Wales, FL 33859

Robert Bruce Tracy, Pro Se  
7211 Liberty Pride Street  
Las Vegas, NV 89148

Seaboard Envelope Co Inc.  
Attn: Managing Member  
15601 Cypress Street  
Irwindale, CA 91706

Team Print Media, LLC  
Attn: Managing Member  
2630 E 28th Street  
Long Beach, CA 90755-2202

The Hartford  
Attn: Managing Member  
P.O. Box 60916  
Dallas, TX 75266-0916

Toyo Ink America, Inc.  
Attn: Managing Member  
DEPT CH 19794  
Palatine, IL 60055-9794

Transamerica Employee Benefits  
Attn: Managing Member  
PO Box 742504  
Cincinnati, OH 45274

UPS  
Attn: Managing Member  
PO BOX 894820  
Los Angeles, CA 90189-4820

UPS Freight  
Attn: Managing Member  
P O Box 650690  
Dallas, TX 75373-0690

CREDITORS ADDED 4/25/2016

YRC Freight  
Attn: Managing Member  
PO Box 100129  
Pasadena, CA 91189-0003